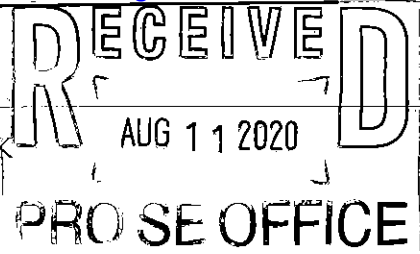


UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Quemprugh Goshoh / Miss
Payne's El-sey
Fill in above the full name of each plaintiff or petitioner.

Case No. 20 CV 00524

-against-

MTA officer Crocilla,
MTA "Etc." parties

Fill in above the full name of each defendant or respondent.

DECLARATION

I wasn't giving all the required documents & when I found out it by the
me's was mail out to me the case was closed. I am asking for Justice

Briefly explain above the purpose of the declaration, for example, "in Opposition to Defendant's Motion for Summary Judgment."

Quemprugh Goshoh / Miss Payne's El-sey
I declare under penalty of perjury that the
following facts are true and correct:

In the space below, describe any facts that are relevant to the motion or that respond to a court order. You may also refer to and attach any relevant documents.

As First Nation Still believe in Corporate
America Justice System? Constitutional Rights
I am asking for Justice & Constitutional Right
that was/is violated from me by officer MTA worker
Crocilla & his parties in crime also as a
Disable person when in wheelchair Disable
was wrongfully attack, kick, bitten I believe
in Fairness & Justice so am asking this Court
Please Do not steal away Justice from me.

When I file the case not all the Veterans was giving to me that day was there. By the time Ford out I got the Veterans that was missing sent to me a small/mal drop off the case was closed. I am asking for this Court to grant me Justice, I believe if anyone had done anyone of you wrong you too would seek Justice in true Justice. I am asking for Justice Please do not take that rights away from me especially I was violate by an Officer whom work for your Systems whom should know the laws. Yet they used their powers to abuse I bitten someone like me whom disable in wheelchair from first Nation my Constitutional Rights along with my other Right was Violated By those Officer that way so I am asking this Court to grant me true Justice

Attach additional pages and documents if necessary.

Aug 11/2020

Executed on (date)

Signature

Name

Prison Identification # (if incarcerated)

Address

City

State

Zip Code

Telephone Number (if available)

E-mail Address (if available)